ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATI N	Sm	7(c)7	
O.I.P.E. CLASSIFIER			6/81
F RMALITY REVIEW	MB	70203	6-28 8-18

INDEX OF CLAIMS

✔ .... Rejected	N .... Non-elected	
= .... Allowed	I .... Interference	
– (Through numeral)... Canceled	A .... Appeal	
÷ .... Restricted	O .... Objected	

Claim Final	Claim Original	Date								
	1	✓	✓	✓		✓				
	2	✓	✓	✓	✓	✓				
	3	✓	✓	✓	✓	✓				
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If more than 150 claims or 10 actions
staple additional sheet here

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